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PTO/SB/21 (09-04) Approved for use through 07/31/2006. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/783,550 **TRANSMITTAL** Filing Date February 20, 2004 **FORM** First Named Inventor Huang et al. Art Unit 1731 **Examiner Name** Anna L. Kinney (to be used for all correspondence after initial filing) **Attorney Docket Number** DEE-PT140

ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences					
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Clean Copy of Specification; Marked Up Copy of Specification; Specification;					
SIGNA	TURE OF APPLICANT, ATTORNEY, C	OR AGENT					
Firm Name VOLPE AND KOEN	IG, P.C.						
Signature Add 2	\						
Printed name Joshua B. Ryan							
Date 4 28 2006	Reg. No.	56,438					
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient							

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FEE TRANSMITTAL For FY 2006 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 580.00 Attomey Docket No. DEE-PT140 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 D	Fees pursuant to the Consolidated Appropriate (H.R. 4818).				mpiete ii Know	<u>"</u>		
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Art Unit 1731			First Named Inven	tor Hu	Huang et al.			
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number. 22-0493 Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Examination for the filling fee(s) or underpayments Fee (\$)	TOTAL AMOUNT OF PAYMENT	(\$)	580.00	Attorney Docket N	o. DE	E-PT140		
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Charge any additional fee(s) or underpayments of fee(s) VARNING: Information on this form may become public. Credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fee (s	For the above-identified d	eposit accou	nt, the Director is he	eby authorized to: (c	check all	that apply)		
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Signature	Registration No. (Attorney/Agent) 56,438				Telephone 215-568-6400			
Name (Print/Type	Joshua B. Ryan		Date	41	28	2006		

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